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 Patent Specialist
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SERIAL NO. _____
 FILING DATE _____
 APPLICANT(S) _____

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-978)

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT	IND.	DEP.	AFTER 2nd AMENDMENT	IND.	DEP.
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CLAIM NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL IND.	TOTAL DEP.	TOTAL CLAIMS
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TOTAL IND.							100		100
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS